45th clay

PRINTED: 01/02/2019 FORM APPROVED OMB NO. 0938-0391

CENTE	RS FOR MEDICARE	& MEDICAID SERVICES	1-76	5-19	OMB NO	0. 0938-039
	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTII A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE : COMPL	
P	JC#1	445256	B, WING		12	/12/2018
	PROVIDER OR SUPPLIER	T CENTER		STREET ADDRESS, CITY, STATE, ZIP COD 649 MCMURRY BLVD HARTSVILLE, TN 37074		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE
F 000	INITIAL COMMENT	-S	F 000	F 550		
	on 12/10/18-12/12/12/12/12/12/12/12/12/12/12/12/12/1	5 and #46138 were completed 8 at Hartsville Convalescent d Quality of Care was related to monitoring ation side effects and cope and severity. No ted related to the complaint 42 CFR PART 483, ong Term Care Facilities.	*	The resident has a right to a dexistence, self-determination, communication with and acceptance persons and services inside an outside the facility, including specified in this section. Our facility will treat each reswith respect and dignity and of for each resident in a manner an environment that promotes	and ess to and those sident care and in	
	related to monitoring antipsychotic medic behaviors. Resident Rights/Exe CFR(s): 483.10(a)(1 §483.10(a) Resident	ercise of Rights)(2)(b)(1)(2) t Rights.	F 550	maintenance or enhancement or her quality of life, recogniz each resident's individuality.	of his zing Our ote	
	self-determination, a access to persons a outside the facility, in this section. §483.10(a)(1) A facility with respect and digination of the facility of life, recipionistic in a manner promotes maintenance individuality. The facility of the facility of the rights of the facility of the facility of the facility of the rights of the facility of the			diagnosis, severity of conditional payment source. Our facility of establish and maintain identice policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. Our residents have the right to his or her rights as a resident of facility and as a citizen or resident of the United States.	on, or will cal ng e e e exercise of the	
1	access to quality car	cility must provide equal e regardless of diagnosis, or payment source. A facility				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

must establish and maintain identical policies and

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED					
		445256	B. WING		12/	12/12/2018	
	PROVIDER OR SUPPLIER	T CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 649 MCMURRY BLVD HARTSVILLE, TN 37074			
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	practices regarding provision of service residents regardles §483.10(b) Exercise The resident has the rights as a resident or resident of the United Service from the facility. §483.10(b)(1) The free free from the facility. §483.10(b)(2) The refree of interference, coercide from the facility. §483.10(b)(2) The refree of interference, reprisal from the facility. This REQUIREMENT by: Based on medical residents tray during the noon the findings included from the facility of 18 residents tray during the noon the findings included Medical record review admitted to the facility including Vascular Disturbances, and Medical record review the facility of 18 residents tray during the noon the findings included Medical record review admitted to the facility including Vascular Disturbances, and Medical record review the Data Set dated 11/19	transfer, discharge, and the s under the State plan for all s of payment source. e of Rights. e right to exercise his or her of the facility and as a citizen nited States. acility must ensure that the se his or her rights without on, discrimination, or reprisal esident has the right to be coercion, discrimination, and illity in exercising his or her ported by the facility in the er rights as required under this. T is not met as evidenced ecord review, observation cility failed to provide dignity (#30) being served a meal meal. We revealed Resident #30 was by on 10/22/18 with diagnoses ementia with Behavioral emory Deficit following ease. W of the admission Minimum 1/18 revealed Resident #30	F 550	Our facility will ensure that the resident can exercise his or her rights without interference, coercidiscrimination, or reprisal from the facility. Our residents have the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. 1. The CNA's & dept. managers will be in-serviced on the process that should be followed to have all of the resident's served at the same time at each table. Staff will be reminded that whoever checks the meal tickets for the dining rooms should be sure the tickets follow the residents that are eating at the same table & that they must consider if one resident at the table is an assisted diner, then the remaining at the table cannot be served until the assisted diner receives their meal 2. The kitchen personnel will be in-serviced/reminded they are to keep the meal tickets as the CNA's have sorted them to ensure the residents eating at the same table are served them to ensure the residents eating at the same table are served.			
	required extensive as physical assist with e	ssist with one person ating.		at the same time			

	TATEMENT OF DEFICIENCIES ID PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
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F 658 SS=D	dining room revealed table with Resident revealed Resident for 12:19 PM and Resident for 12:19 PM and Resident for 12:28 PM after 14 room were served to for 12:40/18 at 12:30 Prevealed Resident for 12:30 Prevealed Resident for 12:30 Prevealed Resident for 12:30 Prevealed Resident for 12:35 PM in her off serve all residents at Services Provided for 12:55 PM in her off serve all residents at Services Provided for 12:55 PM in her off services Provided for 12:55 PM in her off services Provided for 13:483.21(b)(3) Comparts for 14:483.21(b)(3) Comparts for 14:483.21(b)(3) Comparts for 15:483.21(b)(3) Comparts for 15:483.21(10/18 at 12:19 PM in the main and Resident #30 sitting at a #34. Further observation #34 received a meal tray at dent #30 received a meal tray at dent #30 received a meal tray 4 other residents in the dining heir meal trays. Tied Nursing Technician #1 on M in the main dining room #30 sits at the table with a served a meal tray last due be with eating. Tirector of Nursing on 12/11/18 fice confirmed staff were to at the same table before another table. Tiedet Professional Standards (1)(i) Tierhensive Care Plans and or arranged by the facility, omprehensive care plan, I standards of quality. T is not met as evidenced accord review and interview, follow the physician's order for the for 1 (#47) of 7 residents therapy.	F 658	monitored by nurse managers, dept. managers, DON, and/or the administrator for one (1) month, thereafter by the dept managers who are assigned for dining duty, to ensure the residents meals are delivered as they should be. Any issues identified will be addressed/correimmediately. 4. The findings from monitoring the dining room meals will be reviewed during the weekly QAPI/IDT for one (1) month. The upcoming QAQAPI quarterly meeting will also review the findings and will	1-18-19

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '		E CONSTRUCTION		E SURVEY IPLETED
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	PROVIDER OR SUPPLIER			64	TREET ADDRESS, CITY, STATE, ZIP CODE 49 MCMURRY BLVD ARTSVILLE, TN 37074		
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	facility on 10/26/18 Chronic Respiratory and Cardiovascular Medical record reviet 10/26/18 revealed Etreatment) 3 ml (mil Further review of a dated 11/27/18 reve (Duoneb) inhalation base)/3ml, 1 vial, q Medical record reviet recapitulation Physician, revealed (mg)/3 Ampul-Neb every 6 hours with the Further review of the orders revealed the was not on the order Medical record reviet Administration Record 12/2018 revealed the discontinued on 11/2 Interview with the Difference of the physician orders ordered every 6 hours ordered every 6 hours. Further interview did the every 6 hours. Further interview forder. Further interview 12018 recapitulation of Duoneb d/c and failed	D/23/18, and readmitted to the with diagnoses included a Failure with Hypercapnia, Disease. We of a Physician Order dated Duoneb inhaler (respiratory liliters) q 6 hr (every 6 hours). Telephone Physician Order realed Ipratropium-Albuterol 0.5-3mg (milligrams) (2.5mg 4 hr PRN (as needed). We of the December 2018 can Order, not signed by the the Duoneb 0.5-3milligram I unit dose nebulizer Tx (3ml) he notation of "Discontinued." a December recapitulation Duoneb PRN (as needed) rs. We of the Medication and (MAR) for 11/2018 and a Duoneb every 6 hours was		658	The services provided or arranged by this facility, as outlined by the comprehensive care plan, will meet professional standards of quality. 1. Nursing staff will be in-serviced on how to correctly follow the MD order for a nebulizer treatment for resident # 47 & will also be reminded that the M.D orders must be signed within an appropriate time frame. 2. Resident #47 order has been clarified. The DON/designee will monitor MD orders for one (1) month then Thereafter by assigning medical records the responsibility of ensuring orders are being followe appropriately as well as ensuring MD orders are signed within the required time frame. 3. The DON will review her findings during the weekly QAPI meetings for one (1) month along with any recommendations she may have. 4. The DON will then review her find and recommendations during the upc quarterly QA and will ask for any recommendations from the QA.	lings	1-18-19

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	PLE CONSTRUCTION	(X3) DATE	SURVEY
AND FLAN	OF CORRECTION	IDENTIFICATION NOINDER,	A, BUILDING	3	COMP	LEIED
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HARTSV	TELE CONVALESCEN	T CLATER		HARTSVILLE, TN 37074		
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F 712 SS=D	CFR(s): 483.30(c)(1) §483.30(c) Frequen §483.30(c)(1) The re physician at least or 90 days after admiss 60 thereafter. §483.30(c)(2) A physician produce the visit was received and the visit was received and the visit was received and the visits in SNI alternate between period and visits by a physician accordance with para This REQUIREMENT by: Based on facility pol review, and interview physician orders were (#47, #10) of 37 resident of the serview of an undated policy, revealed "Freach res [resident] sh	Physician's Order. quency/Timeliness/Alt NPP)-(4) cy of physician visits esidents must be seen by a nce every 30 days for the first sion, and at least once every sician visit is considered t later than 10 days after the quired. It as provided in paragraphs section, all required physician by the physician personally. option of the physician, Fs, after the initial visit, may ersonal visits by the physician cian assistant, nurse I nurse specialist in agraph (e) of this section. I is not met as evidenced icy review, medical record the facility failed to ensure e signed since 10/2/18 for 2 dents reviewed. I facility Physician Services requency of physician visits - nall be seen by a physician.	F 658	F 712 The residents will be seen by a physician at least once every 30		
		O days for the first 90 days sician visits must be at least		and orders are being signed uniony.		

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION		E SURVEY IPLETED
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	PROVIDER OR SUPPLIER	T CENTER	6-	TREET ADDRESS, CITY, STATE, ZIP CODE 49 MCMURRY BLVD IARTSVILLE, TN 37074		
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F 712	considered timely if days after the date required physician undelegated to a duly Federal and State rivisit, at the option of alternate between the assistant, nurse praspecialist" Medical record reviet admitted to the facility on 10/26/18 of Chronic Respiratory and Cardiovascular Medical record reviet and the recapitulation 1/2018 and 12/201 member of physicial Interview with the Diat 11:10 AM in her of the physician of the physician of the recapitulation 1/2018 and 12/201 member of physician of the physici	thereafter. A physician visit is it occurs no later than 10 the visit was requiredAll visits will be made personally less this task has been authorized individual under egulations. After the initial of the physician, visits may be physician and a physician critioner and or clinical nurse lew revealed Resident #47 was ity on 9/7/17, was discharged 0/23/18, and readmitted to the with diagnoses included a Failure with Hypercapnia, Disease. Bew of the Physician's from 10/2/18 to the present, on Physician Orders dated the not been signed by a majority services. Trector of Nursing on 12/12/18 office, after reviewing the	F 712	3. The DON/designee will review he findings during the weekly QAPI me for one (1) month. Any issues the Demay find during the next two (2) months will be brought to the weekly QAPI meeting. 4. The DON will bring her findings to the next upcoming QA meeting and for any recommendations the commendations have.	eeting ON o ask	1-18-19
		nfirmed the "physician had since 10/2/18 and was to sign lich was monthly"				
		w revealed Resident #10 was ty on 2/29/16 with diagnoses vithout Behavioral	-			
× **		w for Resident #10 revealed or October 2018 and e not signed by the	7 17	电影 医乳球球球球		5. Texes

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F 712 F 727 SS=F	physician. Interview with the Dat 5:15 PM in her or Orders had not bee Further interview resign orders monthly nurses are suppose sign orders and I'm ensure the orders a RN 8 Hrs/7 days/W CFR(s): 483.35(b)(1) Exceparagraph (e) or (f) must use the service least 8 consecutive §483.35(b)(2) Exceparagraph (e) or (f) must designate a redirector of nursing of \$483.35(b)(3) The das a charge nurse of average daily occup This REQUIREMEN by:	pirector of Nursing on 12/12/18 Iffice confirmed Physician's In signed since October 2018. In signed	F 712	DEFICIENCY		
	failed to ensure a Represent in the facility	ew and interview the facility egistered Nurse (RN) was y at least 8 hours a day 7 days from 12-1-17 through				
	The findings include	West And the State of the State	A.		::::	- reprosite an
- 1				A A		

	ENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MUI	TIPLE CONSTRUCTION	(X3) DATE SURVEY
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		445256	B, WING	H 97(4412)	12/12/2018
NAME O	F PROVIDER OR SUPPLIER	2.8		STREET ADDRESS, CITY, STATE, ZIP COD	
HARTS	SVILLE CONVALESCEN	T CENTER		649 MCMURRY BLVD HARTSVILLE, TN 37074	
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F 72	Review of an undate (Registered Nurse) center recognizes C and Medicaid Service week" Review of the daily service 12-1-17 through 12-10-17 through 12-10-17, 12-29-17, 12-10-17, 12-29-17, 1-13-18, 4-7-18, 4-21-18, 4-25-20-18, 6-2-18, 6-37-14-18, 7-15-18, 8-9-22-18, 9-23-18, 100-20-18	ge 7 ed facility policy, RN Coverage, revealed "This MS (Centers for Medicare ces) requiring RNs 7 days a staffing schedules from 10-18 revealed the facility did ge for 38 days of 374 days weekend days (12-1-17, 2-16-17, 12-17-17, 12-22-17, 1-14-18, 3-11-18, 3-24-18, 2-18, 5-5-18, 5-6-18, 5-19-18, -18, 6-17-18, 6-30-18, 7-1-18, 26-18, 9-8-18, 9-9-18, 1-2-18, 10-6-18, 10-7-18, 1-18-18, 12-1-18, and	F 7	Except when waived under paragraph (e) or (f) of this sect the facility must designate a registered nurse for at least 8 consecutive hours a day, 7 day a week. Except when waived under paragraph (e) or (f) of this section, the facility must designate a registered nurse to serve as the director of nursing on a full-time basis. The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents. 1. The DON has hired 2 RN the	ge r
F 732 SS=C	Director of Nursing of office confirmed she scheduling RN cover confirmed she was a to have RN coverage week. Continued interaware the facility did days including 32 of since December 201 Interview with the Direct at 10:16 AM in her of aware the facility did days from 12/1/17 - 1 occurring on weekend Posted Nurse Staffing	rage. Further interview ware the facility was required a 8 hours a day 7 days a serview confirmed she was not have RN coverage for 38 these as weekend days 7. ector of Nursing on 12/12/18 fice confirmed she was not have RN coverage 38 2/10/18 with 32 of these ds.	F 73	will cover the every-other weekend that is needed to complete the schedule to have 7 days of RN coverage. 2. The DON will monitor the schedule to ensure the schedule is reflecting the 7 days a week coverage for an RN for 3 months. 3. The DON will review her findings of the RN coverage during the weekly QAPI meetings for 3 months 4. The DON will review her find the RN weekend coverage the upcoming quarterly QA Committee meeting asking for recommendations.	during

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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	must post the follow basis: (i) Facility name. (ii) The current date (iii) The total number by the following cate unlicensed nursing a resident care per shad (A) Registered nurses (B) Licensed practic vocational nurses (a) (C) Certified nurses (a) (C) Certified nurses (a) (C) Certified nurses (a) (D) Resident census \$483.35(g)(2) Posting (a) The facility must proposed in paragraphically basis at the begin (B) In a prominent presidents and visitors \$483.35(g)(3) Public staffing data. The facility requirements are publicated the communicated for the publicated daily nurse staff months, or as requirements. The facility requirements. The facility requirements are quirements are quirements are quirements. The facility requirements are quirements are quirements. The facility requirements are quirements are quirements are quirements. The facility requirements are quirements are quirements are quirements.	taffing Information. requirements. The facility ring information on a daily ar and the actual hours worked regories of licensed and retaff directly responsible for rift: res. res. res. res. res. res. res. res.	F 7	The facility will post the following information on a daily basis: Facility name. The current date. The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift. (A) Registered nurse (B) Licensed practical nurses Or licensed vocational Nurses (as defined under State law). © Certified nurse aides (iv) Resident census The facility will post the nurse staffing data specified in paragraph (g)(1) of this section on a daily basis at the beginning of each shift. Data must be posted as follows: (A)Clear and readable format. (B) In a prominent place readily accessible to residents and visitors. The facility will, upon oral or		
	by: Based on policy revi	ew, observation and				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILD		CONSTRUCTION			E SURVEY IPLETED
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SS=F	interview, the facility number of licensed directly responsible 3 of 3 days during the The findings included Review of an undate Nurse Staffing, revealing nurse staffing Medicare and Medic of Tennessee required the Director of Nurse Director Office Confirmed of Staff on the daily I don't post the numb Free from Unnec Ps CFR(s): 483.45(c)(3) A psycaffects brain activities processes and behabut are not limited to categories: (i) Anti-psychotic; (ii) Anti-anxiety; and (iv) Hypnotic	y failed to post the total and unlicensed nursing staff for resident care each shift for he survey. e: ed facility policy, Posting Daily ealed "This center will post per CMS (Centers for caid Services) and the State rements" 10/18, 12/11/18 and 12/12/18 staffing sheets posted in front arse's (DON) office revealed all number of staff responsible ON on 12/12/18 at 7:33 AM in she did not post the number posting sheet. She stated "I ers, just the staff." sychotropic Meds/PRN Use b)(e)(1)-(5) ropic Drugs. chotropic drug is any drug that its associated with mental exior. These drugs include, or, drugs in the following	F 7	s s p e e T p a a rois is in m row 2 th rois 3 m to 3 m to 58 4 4 si n w	written request, make no taffing data available to bublic for review at a coexceed the community so the facility will maintain posted daily nurse staffing minimum of 18 month equired by State law, was greater. The director of nursing taffing sheets that refleatments of licensed and sursing staff directly respected to the administrator will also be maintained. The administrator will be daily nurse staffing pequired staffing information in the daily nurse staffing pequired staffing information in the monitoring will be review to the findings from the monitoring will then be review to the findings from montaffing will then be review to the staffing will then be review to the staffing will then be review to the staffing will then be reviewed to the staffing will the staff	o the ost not to standards. In the ost not to standards. In the or standards of as whichever of the total unlicensed sponsible for The data of 18 months. I monitor posting to ensation is posted informationally there administrator wed by the one (1) month. Onitoring the iewed by the I quarterly me	d ion for eafter/ r's	1-18-19

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	PROVIDER OR SUPPLIER	T CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 649 MCMURRY BLVD HARTSVILLE, TN 37074		
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	resident, the facility §483.45(e)(1) Reside psychotropic drugs unless the medication specific condition as in the clinical record §483.45(e)(2) Reside behavioral intervent contraindicated, in a drugs; §483.45(e)(3) Reside psychotropic drugs unless that medication diagnosed specific of in the clinical record §483.45(e)(4) PRN (are limited to 14 days §483.45(e)(5), if the prescribing practition appropriate for the Feyond 14 days, he rationale in the reside indicate the duration §483.45(e)(5) PRN (drugs are limited to renewed unless the appropriateness This REQUIREMENT by: Based on facility police in the review, and interview.	must ensure that dents who have not used are not given these drugs on is necessary to treat a sidiagnosed and documented it; lents who use psychotropic and dose reductions, and ions, unless clinically an effort to discontinue these ents do not receive oursuant to a PRN order on is necessary to treat a condition that is documented and condition that is documented in attending physician or ner believes that it is erent's medical record and for the PRN order. Orders for anti-psychotic and days and cannot be attending physician or ner evaluates the resident for the revaluates the resident for	F 758	F 758 Free from unnecessary psychotropic of use. These drugs include, but are not limited to, drugs in the following cate (i)anti-psychotic; (ii)anti-depressant; (iii)anti-anxiety; and (iv)hypnotic the facility must ensure that-residents who have not used psychotropic drug not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record. Residents who use psychotropic drug receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an efford discontinue these drugs. Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; an PRN orders for psychotropic drugs are limited to 14 days. Except as provin (e)(5). If the attending physician or prescribing practitioner believes the it is appropriate for the PRN order to extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order. PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication.	egories; s are t to d vided at be	

CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			C	MB NO	. 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I .		LE CONSTRUCTION		E SURVEY IPLETED
		445256	B. WING	-		12/	12/2018
NAME OF	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
HARTSV	ILLE CONVALESCEN	T CENTER			49 MCMURRY BLVD IARTSVILLE, TN 37074	DC	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
	antipsychotic and per failed to monitor sid residents (#1, #2, #: #14, #17, #18, #20, #34, #35, #36, #37, #48, #49) of 33 residents of the facility Psychotropic Medical [as needed] orders for the limited to 14 days prescribing practition appropriate for the Foeyond 14 days, he rationale in the resident indicate the duration orders for antipsychologous antipsychologous and should attending physician evaluates the resident that medicationthe PRN antipsychotic of medications used to monitored for Harm Resident #9 was adre 2/10/17 with diagnost Lewy Bodies, Psychologous properties.	or PRN (as needed) sychotropic medications and e effects and behaviors for 30 3, #4, #5, #8, #9, #12, #13, #21, #23, #26, #29, #30, #31, #38, #40, #41, #43, #47, dents reviewed. If policy dated 12/7/18, ation Use, revealed "PRN for psychotropic drugs should is. If the attending physician or her believes that it is PRN order to be extended or she should document their lent's medical record and for the PRN orderPRN botic drugs should be limited to not be renewed unless the or prescribing practitioner int for the appropriateness of facility should not extend rders beyond 14 daysAll treat behaviors should be or adverse consequences" mitted to the facility on less included Dementia with otic Disorder with It Disorder and Anxiety	F 7	758	1.Residents #1,2,3,4,5,8,9,12,13, 14,17,18,20,21,23,26,29,30,31, 34,35,36,37,38,40,41,43,47,48, & 49 all have the new Behavior/ Intervention monthly flow record now. Nursing staff will be in-service on the PRN/14 stop orders and the importance on communicating with the attending MD and/or the prescribing practitioner. Nursing staff will be reminded to evaluate th resident prior to the 14 day PRN order for the appropriateness of the medication for the resident 2. Nurses will be in-serviced to the number behavior/intervention monthly flow record that is now in place for all residents taking psychotropic meds. The new flow record includes behaviors, interventions, medication and side effects monitoring. 3. The DON/designee will monitor the MAR/behavior flow sheets with immediate interventions when necessary for 1 month bringing her findings to the weekly QAPI meeting. 4. The DON will review her findings with the QA committee during the upcoming quarterly meeting	e ers ew s,	1-11-19
	dated 11/13/18 revea 0.25 mg [milligram] [by mouth daily as ne	w of the Physician's Orders aled "Alprazolam [Xanax] anti-anxiety medication]·1 tab eded" Further review e, clinical explanation or			X sain	ы - 151	*

CENTER	RS FOR MEDICARE	& MEDICAID SERVICES					. 0938-0391
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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NAME OF I	PROVIDER OR SUPPLIER			l	TREET ADDRESS, CITY, STATE, ZIP CODE		
HARTSV	ILLE CONVALESCEN	T CENTER.			49 MCMURRY BLVD HARTSVILLE, TN 37074		
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F 758	rationale for continu Medical record revietated 12/1/18 revea	ed use. ew of the Physician Orders aled "Haldol [Haloperidol]	Fi	758			
Ā	psychosis" Further	n/ml [milliter] IM every day] for severe er review revealed no stop anation ore rationale for					
	dated 11/2018 reverence PRN for severe psy	ew of the medication record aled Haldol 5 mg/ml IM daily chosis and Alprazolam 0.25 for anxiety were administered.					
	6/22/16 with diagno Depressive Disorde	r, Mood Disorder, Dementia jurbance, Generalized Anxiety					
	for Resident #26 for "Lorazepam [Ativa mg) [anti-anxiety] by needed" Further r	ew of the Physician's Orders December 2018 revealed an] 0.5 mg tablet, 0.5 tab (0.25 mouth every day as eview revealed no stop date, or rationale for continued use.					
		dmitted to the facility on es included Anxiety Disorder order.					
	dated 11/8/18 revea Tablet 1 tab by mou Further review revea	ew of the Physician's Orders led "Lorazepam 0.5 mg th Twice Daily As Needed" aled no stop date, clinical hale for continued use.			ng shidik sinin a		
ļ	Resident #30 was a	dmitted to the facility on		1984			

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III DTO	ULLE CONVALECCEN	TOENTED	- 1	649 MCMURRY BLVD		
HARTSV	ILLE CONVALESCEN	CENTER		HARTSVILLE, TN 37074		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFII TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 758	Dementia with Beha Disorder (episodic publication of the Disorder (episodication of the Disorder (episodic publication of the Disorder (episodic pu	oses included Vascular avioral Disturbance, and Panic paroxysmal anxiety). ew of the Physician's Orders December 2018 revealed and tablet, 1 tab by mouth beded for Anxiety" Further stop date, clinical explanation	F 7	58		
	Disorder. Medical record reviet dated December 20 [antipsychotic medic 0.5 ml by mouth every agitationLorazepa mouth every 3 hours Further review reveals	ew of the Physician's Orders 18 revealed "Haloperidol cation] concentrate 2 mg/ml, ery 3 hours as needed for m 0.5 mg tablet, 1 tab by s as needed for anxiety" aled no stop date, clinical nale for continued use.				
	1/26/18 with diagnost Dementia with Beha Unspecified Psychost known Physiological	mitted to the facility on ses included Unspecified vioral Disturbance, sis not due to Substance condition, Major Depressive and Anxiety Disorder,				
200225-200	dated December 20 [Risperdal] [anti-psy tablet, 3 tabs by mod	w of the Physician's Orders 18 revealed "Risperidone vehotic medication] 0.25 uth every day for mood ne Mesylate [Cogentin]	n design () est.	-	ceess	they and ter L

PRINTED: 01/02/2019 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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	PROVIDER OR SUPPLIER	T CENTER		649 MCMUF	ORESS, CITY, STATE, ZIP RRY BLVD .LE, TN 37074	CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EA	PROVIDER'S PLAN OF C ACH CORRECTIVE ACTIC SS-REFERENCED TO TH DEFICIENCY;	N SHOULD E APPROPI	BE	(X5) COMPLETION DATE
F 758	eveningEscitalop [antidepressant] 10 eveningLorazepa mouth at bedtime for one tab at bedtime to = 2.5 mg total)Itab by mouth (take mg total)Trazodor mouth at bedtime for Medical record revino side effect, behave explanation, or rational explanation, or ration	ng, one tablet by mouth every ram oxalate [Lexapro] mg, one tab by mouth every m 0.5 mg tab, one tab by or anxietyRisperidone 2 mg, (take with Risperidone 0.5 mg tab, one with Risperidone 2 mg to = 2.5 ne 100 mg, take one tab by or sleep" ew for Resident #1 revealed avior monitoring, clinical onale for continued use. dmitted to the facility on uses included Alzheimer's haviors, Unspecified dehaviors, Anxiety Disorder, elirium due to known tions. ew of the Physician's Orders one tab by mouth at bedtime one tab by mouth at bedtime one tab by mouth at bedtime one tab explanation or	F 7	58				
	Medical record reviewated December 20	ew of the Physician's Orders 18 revealed "Zoloft ressant] 150 mg by mouth	>-	(4) 99	w ₁₀	ng g		s.

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NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COI	DE			
HARTSV	ILLE CONVALESCEN	IT CENTER		HARTSVILLE, TN 37074				
(X4) ID PREFIX TAG	(FACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	COMPLETION DATE		
F 758	mouth twice daily mouth at bedtime [anti-psychotic] by r Medical record revi no side effect, clinic appropriateness of medications. Resident #4 was ac 12/7/17 with diagno Behavioral Disturba Depressive Disorda Depressive Disorda Depression, and Ala Medical record revi dated December 20 one tablet by mouth [Klonopin] 0.5 mg of bedtime Depakota mg daily in evening Medical record revi no side effect or be psychotropic medic rationale for continual Resident #5 was ac 2/14/18 with diagno other diseases clas Behavioral Disturba Hallucinations due to condition, Mood Dis physiological condit Alzheimer's Disease unspecified.	Prazolam 0.5 mg one tablet by Remeron 7.5 mg one tablet by Seroquel [Quetiapine] mouth at bedtime" The word of Resident #3 revealed cal justification or psychotic or anti-psychotic or anti	F 7	58				
	Medical record review	ew of the Physician's Orders			.91	1155		

CENTE	49 FOR MEDICARE	& MEDICALD SERVICES				
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER	T CENTER	e	STREET ADDRESS, CITY, STATE, ZIP CODE 649 MCMURRY BLVD HARTSVILLE, TN 37074		
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F 758	dated December 20 Sod [Sodium] 125 r daily (Dementia with by mouth twice a datab by mouth at bed Medical record revien on monitoring for sit or rationale for continued use. Medical record revied and Delirium. Medical record revied ated December 20 mg tablet by mouth mouth at bedtime In Medical record revien o side effect, clinic continued use. Resident #9 was ad 2/10/17 with diagnot Lewy Bodies, Psych Hallucinations, Mood Disorder. Medical record revied ated 11/13/18 revetably mouth daily as	2018 revealed "Divalproex mg, 2 capsules by mouth twice h behaviors)Quetiapine tab ayMirtazapine 7.5 mg, one stime" ew for Resident #5 revealed de effects, clinical explanation inued use. Imitted to the facility on 4/1/15 uded Visual Hallucinations, r, Major Depressive Disorder, ew of the Physician's Orders dailyTrazodone 50 mg by asomnia" ew for Resident #8 revealed all explanation or rationale for limitted to the facility on ses included Dementia with notic Disorder with d Disorder and Anxiety ew of the Physician's Orders all explanation on the ses included Dementia with notic Disorder and Anxiety ew of the Physician's Orders all explanation on the ses included Dementia with notic Disorder and Anxiety	F 758			
	no side effects, behi psychotropic medica rationale for continu	ations, clinical explanation or		and the	A 6 5 8 8 8 5 5 5	
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CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL A BUILD	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
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	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 649 MCMURRY BLVD HARTSVILLE, TN 37074				
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	Resident #12 was 5/19/17 with diagn Depressive Disord Medical record revidated December 2 mg, one tab by mo (depression)Traz mouth at bedtime Medical record revino side effect or be psychotropic medical rationale for continual Resident #13 was 12/16/15 with diagn Dementia with Beh Depressive Disorder, Alzheime Insomnia. Medical Record revious T.5 mg tablet, 1 tab by mouth at bed Medical record revino side effect or be Medical record revino side effect or bed Medical record revino side effect or bed missive Disorder Resident #13 for "Buspirone [Vans 7.5 mg tablet, 1 tab by mouth at bed Medical record revino side effect or bed Medical record reviews tablet, 1 tab by mouth at bed Medical record reviews tablet, 1 tablet, 2 tablet, 1 tablet, 2 tablet, 3 tablet, 2 tablet, 2 tablet, 2 tablet, 2 tablet, 2 tablet, 3 tablet, 2 tablet, 3	admitted to the facility on oses included Major er and Anxiety Disorder. Tiew of the Physician's Orders to 18 revealed "Sertraline 100 outh at bedtime codone 50 mg, one tab by (insomnia)" Tiew for Resident #12 revealed enavior monitoring for cations, clinical explanation or used use. Admitted to the facility on noses included Vascular avioral Disturbance, Major er, Generalized Anxiety or so Disease, and Primary Tiew of the Physician's Orders or December 2018 revealed par] [amti-anxiety medication] of by mouth twice daily for cParoxetine [Paxil] 40 mg outh the detime that the detime that is the solution of the proposition of the propositio	F 7	58		547	
	10/30/14 with diagn	idmitted to the facility on oses included Dementia with ces and unspecified		411. 在《集中信记录》题名			7.4

FORM APPR OMB NO. 0938

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL A. BUILD	LTIPLE CONSTRUCTION DING	(X3)	(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER	NT CENTER		STREET ADDRESS, CITY, STATE, ZI 649 MCMURRY BLVD HARTSVILLE, TN 37074	P CODE	
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F 758	Psychosis not due physiological cond. Medical record rev dated December 2 [Zyprexia] [antipsycone tab by mouth of [psychosis]Loraz mouth at bedtime Medical record rev no side effect or be psychotropic medical rationale for continuationale for depression" Medical record revi dated December 26 Sprinkles 125 mg 2 behaviorsRemercord for depression" Medical record revi no side effect, behaviorsRemercord for depression" Medical record revi no side effect, behaviorsRemercord for depression"	to substance or known tion. iew of the Physician's Orders 018 revealed "Olanzapine chotic medication] 5 mg tablet, or per tube daily at 6 pm epam 0.5 mg tablet, one tab by "." iew for Resident #14 revealed chavior monitoring for tations, clinical explanation or used use. admitted to the facility on oses included Vascular avioral Disturbance, and ew of the Physician's Orders 018 revealed "Depakote on 15 mg by mouth twice daily for on 15 mg by mouth at bedtime ew for Resident #17 revealed exior monitoring for ations, clinical explanation or ations, clinical explanation or	F 7	758	200	
		ew of Resident #18 dated December 2018 0.5 mg by mouth at bedtime	*****			-21 MART - 57 E ⁴ M.S.

CENTERS FOR MEDICARE & MEDICAID SERVICES

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	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 649 MCMURRY BLVD HARTSVILLE, TN 37074		1	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE	
F 758	depression" Medical record rev no side effect or be psychotropic medic rationale for contin Resident #20 was 5/12/18 with diagnoral Anxiety Disorder, Pschizoaffective Dis Dementia without Emergence and psychotic medical record revidated December 20 [anti-psychotic medical psychotic medical record revidated December 20 [anti-psychotic medical psychotic medical record revidated December 20 [anti-psychotic medical psychotic medical psychotic medical record revidated December 20 [anti-psychotic medical psychotic medical psychot	iew for Resident #18 revealed chavior monitoring for cations, clinical explanation or ued use. admitted to the facility on oses included Generalized Pseudobulbar Affect, order, Bipolar Disorder, Behavior Disturbance. lew of the Physician's Orders O18 revealed "Nuedexta dication] 20 mg-10 mg capsule, every 12 hoursQuetiapine 50 by mouth at the 50 mg tablet, one tab by .Fetzima [anti-depressant cap 24 H, take one cap by	F 758				
	no side effect or be	ew for Resident #20 revealed havior monitoring for ations, clinical explanation or used use.					
	8/1/18 with diagnos	admitted to the facility on es included Bipolar Disorder, renia, Anxiety Disorder, and avioral Disorder.					
	dated December 20	ew of Physician's Orders 018 revealed "Remeron 5 mg·by mouth at bedtime"		Öcceroner			
	Medical record revie	ew for Resident #21 revealed		,			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI.TII A. BUILDING	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED		
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	PROVIDER OR SUPPLIE			STREET ADDRESS, CITY, STATE, ZIP CODE 649 MCMURRY BLVD HARTSVILLE, TN 37074				
(X4) ID PREFIX TAG	(FACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE		
F 758	no side effect or to psychotropic med rationale for contil Resident #23 was 6/9/17 with diagnot Vascular Dementiand Generalized // Medical record redated December [anti-depressant rat bedtime[duplical medical record reno side effect or to psychotropic med rationale for contil Resident #26 was 6/22/16 with diagnoperessive Disord with Behavioral Doisorder, and Alzimedical record refor Resident #26 for "Divalproex 125 mg) by mouth twice BehaviorsLorazemouth every day mg tablet, 1 tab by Depression/Decrees	behavior monitoring for lications, clinical explanation or nued use. admitted to the facility on oses included Insomnia, in with Behavioral Disturbance, Anxiety Disorder. View of the Physician's Orders 2018 revealed "Cymbalta medication] 60 mg one capsule eron 7.5 mg one tablet at the anti-depressant medication]" View for Resident #23 revealed behavior monitoring for ications, clinical explanation, or nued use. Is admitted to the facility on noses included Major der, Mood Disorder, Dementia isturbance, Generalized Anxiety meimer's Disease. View of the Physician's Orders for December 2018 revealed mg cap sprinkles 4 caps (500)	F 758	8				
*		view for Resident #26 revealed	-		· leşt.			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l' ′		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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NAME OF	PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
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F 758	rationale for continu Resident #29 was a 1/8/18 with diagnos and Adjustment Dis Medical record revidated December 20	ations, clinical explanation or used use. admitted to the facility on es included Anxiety Disorder	F 7	758			
	no side effect or be psychotropic medic rationale for continu	admitted to the facility on					
	Dementia with Beha Disorder (episodic published) Medical record reviet for Resident #30 for "Mirtazapine 7.5 mbedtime for appetite tab by mouth twice a Dementia/Behaviors tab by mouth every Anxiety" Medical record reviet no side effect or behasychotropic medical continued use Resident #31 was a	sLorazepam 0.5 mg tablet, 1 6 hours as needed for ew for Resident #30 revealed navior monitoring for ations, or rationale for dmitted to the facility on oses included Anxiety				~44;~	

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILD			COMPLETED		
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F 758	Continued From pa	ge 22	F7	58			3
	for Resident #31 for	ew of the Physician's Orders r December 2018 revealed g tablet, 1 tab by mouth at					
	no side effect or be	ew for Resident #31 revealed havior monitoring for ation, clinical explanation or led use.					men Names of the Alberta
		dmitted to the facility on es included Depressive					
:		ew of the Physician's Orders 118 revealed "Zoloft 50 mg, y at bedtime"					
	no side effect or bel	ew for Resident #34 revealed havior monitoring for ations, clinical explanation or ed use.					
		dmitted to the facility on es included Anxiety Disorder, ve Disorder.					
	for Resident #35 for	ew of the Physician's Orders December 2018 revealed I tablet, 1 tab by mouth at a"					
f	no side effect or beh	ations, clinical explanation, or			to a series of the particular to the particular		
955	Resident #36 was ad	dmitted to the facility on	100				

CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 758	4/14/17 with diagnous Depressive Disord Medical record revidated December 2 [anti-depressant mass by mouth events 50 mg tablet, give bedtime[duplicate Medical record revino side effect or be psychotropic medicationale for continuationale for cont	oses included Major ler and Anxiety Disorder. Piew of the Physician's Order (018 revealed "Sertraline nedication]100 mg tablet, one y day (depression)Trazodone (0.5 tab (25 mg) by mouth at anti-depressant medication]" Piew for Resident #36 revealed enavior monitoring for cations, clinical explanation or used use. Admitted to the facility on ses included Vascular navioral Disturbance and ress Disorder. Piew of Resident #37 dated December 2018 from 15 mg by mouth at the iew for Resident #37 revealed enavior monitoring for cations, clinical explanation or used use. Admitted to the facility on ses included Vascular avioral Disturbance, glinduced Movement hotic Disorder with	F7	58		Marien Paris
		ew of the Physician's Orders r December 2018 revealed		199		15

NAME OF PROVIDER OR SUPPLIER HARTSVILLE CONVALESCENT CENTER STREET ADDRESS, CITY, STATE, ZIP CODE ### MCMULRRY BLVD HARTSVILLE, TN 37074 CAS 10 PROVIDERS PLAN OF CORRECTION ESCH ORDER STATEMEN OF DEPORTURES PROVIDERS PLAN OF CORRECTION ESCH ORDER STATEMEN OF DEPORTURES PROVIDERS PLAN OF CORRECTION ESCH ORDER STATEMEN OF DEPORTURES PROVIDERS PLAN OF CORRECTION ESCH ORDER PROVIDERS ESCH	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A, BUILDING	(X2) MULTIPLE CONSTRUCTION A, BUILDING				
HARTSVILLE CONVALESCENT CENTER ARTSVILLE CONVALESCENT CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG			445256	B. WING		1	2/12/2018	
FREEIX TAG FOR THE TAGE FOR			NT CENTER	64	9 MCMURRY BLVD			
"Benztropine Mesylate 2 mg tablet unit-dose 1 tab by mouth twice daily [Extrpyramidal Disorders]Fluphenazine [antl-psychotic medication] 2.5 mg tablet, 1 tab by mouth twice dailyDivalproex Sodium 500 mg tablet unit-dose 1 tab by mouth at bedtime with 375 mg to equal 875 mg dose [Mood]Divalproex Sodium 125 mg tablet unit-dose 3 tabs by mouth at bedtime with 500 mg to equal 875 mg dose" Medical record review for Resident #38 revealed no side effect or behavior monitoring for psychotropic medications, clinical explanation or rationale for continued use. Resident #40 was admitted to the facility on 8/1/17 with diagnoses included Anxiety Disorders, Epilepsy, Major Depressive Disorder, and Obsessive Compulsive Disorder. Medical record review of the Physician's Orders dated December 2018 revealed "Lexapro 10 mg one tablet by mouth at bedtimeZyprexa [anti-psychotic medication] 5 mg one tablet by mouth at bedtime" Medical record review for Resident #40 revealed no side effect or behavior monitoring for psychotropic medications, clinical explanation or rationale for continued use. Resident #41 was admitted to the facility on 9/12/18 with diagnoses included Depression. Medical record review of the Physician's Orders dated December 2018 revealed "Escitalopram Oxalate 10 mg tablet 1 tab by mouth every day"	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR	ULD BE	COMPLETION	
		"Benztropine Mestab by mouth twice Disorders]Flupher medication] 2.5 mg dailyDivalproex S 1 tab by mouth at b 875 mg dose [Mood tablet unit-dose 3 ta 500 mg to equal 87 Medical record revino side effect or be psychotropic medicationale for continuationale f	daily [Extrpyramidal daily dai					

CENTERS FOR MEDICARE & MEDICAID SERVICES

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	no side effect or be psychotropic or an Resident #43 was 10/7/18 with diagn Depressive Disord Medical record revidated December 2 [anti-depressant maily" Medical record revidated effect or be psychotropic medical record revidated psychotropic medicationale for continuationale for c	ehavior monitoring for tipsychotic medications. admitted to the facility on oses included Major er. iew of the Physician's Orders 018 revealed " Effexor redication]150 mg one capsule iew for Resident #43 revealed ehavior monitoring for cations, clinical explanation or used use. admitted to the facility on ses included Vascular avioral Disturbance, Psychotic sions, and Generalized Anxiety is worth every dol 0.5 mg tablet, 1 tab by daily for ridol concentrate 2 mg/ml, ery 3 hours as needed for anxiety" ew for Resident #47 revealed havior monitoring for ations, clinical explanation or ations, clinical explanation or	F 758			X	
1	rationale for continu Resident #48 was a	admitted to the facility on			(Frage)		

CLINI	TANK TO THE PROPERTY OF THE PERSON OF THE PE	Of THE PARTY OF				
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING	LE CONSTRUCTION		TE SURVEY MPLETED
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F 758	10/12/18 with diagn Status, Vascular De Disorder. Medical record revidated December 20 (200 mg) by mouth mg by mouth 1 table dailyTrazadone 18 Insomnia" Medical record revieno side effect or be	ew of the Physician's Orders every day anxietyXoloft 2 tablets every day anxietyXanax 0.5	F 758			
	7/11/12 with diagnos and Paranoid Schiz	dmitted to the facility on ses included Anxiety Disorder ophrenia.				
	dated December 20 10 mg tablet, 1 tab I dayOlanzapine 5 r every morningLora by mouth three time	ng tablet, 1 tab by mouth azepam 0.5 mg tablet, 1 tab is daily for 2.5 mg tablet, 1 tab by				
	no side effect or bet	ations, clinical explanation, or				
	at 5:40 PM in her of antipsychotic or psyc effects or behaviors	rector of Nursing on 12/11/18 ffice confirmed there were no chotropic monitoring for side and the nurses are to do the es, "I thought the monitoring		+5 NP.	e vog	Wa.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 1	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 758 F 802 SS=F	effects or behavior monitoring. She stated stated "typically tinterview confirmed rewritten the order happen the attendidays" Further interview to be not status. Sufficient Dietary S	s and the nurses are to do the ates, "I thought the monitoring sychotropic and antipsychotic behavior monitoring sheet." w with the Nurse Practitioner at 2:21 PM confirmed the NP here is a stop date" Further at the NP stated "I have not after 14 days, if that has to ng will have to do that every 14 erview revealed the NP fied of any changes in mental support Personnel	F 7				
5	appropriate compe out the functions of taking into consider individual plans of cand diagnoses of the inaccordance with required at §483.70 §483.60(a)(3) Supports facility must prepersonnel to safely	nploy sufficient staff with the tencies and skills sets to carry the food and nutrition service, ration resident assessments, care and the number, acuity ne facility's resident population the facility assessment b(e).					
	§483.60(b) A memb Services staff must interdisciplinary tea (2)(ii).	per of the Food and Nutrition					

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	ETATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
	Based on observat dietary department food; failed to serve degrees Fahrenheit equipment and serv manner; and failed to per manufacturer's the dietary department competency and ski functions of the dietary department observations. The findings include Interview with the Dietary Manager wa not a Certified Dietary Manager wa not a Certified Dietary Manager wa not a Commercial of the competency department of pound commercial the expiration date of for use. Observation on 12/1 dietary department remeal trayline was in in the dining room had meal. Observation recobtained the cold for cottage cheese on the and the milk was 42. Observation revealed operation and the cold operation and t	ion and interview, the facility failed to dispose of expired cold food at or less than 41 (F); failed to maintain ring utensil in a sanitary to operate the dish machine recommendation, revealed ent staff did not show ary department in 3 of 6	F 8	02	F802 The facility will employ sufficient staff with the appropriate competencies and skills sets to car out the functions of the food and nutrition services, taking into consideration resident assessments individual plans of care and the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required The facility must provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service. a member of the Food and Nutrition Services staff will participate on the interdisciplinary team as required 1. Dietary staff will be in-serviced on the appropriate time frame that foods must be disposed of after beind opened; on the appropriate temps the thot & cold foods must be served at; the appropriate procedure to use when operating the dish machine, & how/when the kitchen equipment she be cleaned in the kitchen 2. The staff's competency and skill set to safely carry out the functions the dietary department will be evaluated by the dietary manager and	t t ang nat could of	

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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		Based on observat dietary department food; failed to serve degrees Fahrenheit equipment and serve manner; and failed to per manufacturer's the dietary department competency and ski functions of the dietary observations. The findings include Interview with the Dietary Manager wanot a Certified Dietaren a CDM. Observation and interview dietary department was pound commercial	ion and interview, the facility failed to dispose of expired cold food at or less than 41 (F); failed to maintain ring utensil in a sanitary to operate the dish machine recommendation, revealed ent staff did not show ary department in 3 of 6	F8	the RD's until the staff mentor replaced if staff member demonstrate the skill set dietary manager will be an approved CDM correscourse 3. The dietary staff come Reviewed during the westing for one (1) months as necessed. The QAPI's findings are recommendations will during the upcoming Comparate with any recommendations will during the QA quarterly reviewed/discussed,	quired or be cannot required. The enrolled in spondence appetency will be weekly QAPI onth with sary. & be presented QA meeting for one commendations	1-18-19
		Observation on 12/14 dietary department remeal trayline was in the dining room hameal. Observation reputained the cold foo cottage cheese on the and the milk was 42.0 observation and the cold peration and the cold peration and the cold peration and the cold peration and the cold dietary department of the cold	0/18 at 12:08 PM in the evealed the resident mid-day operation and the residents ad been served the mid-day evealed the dietary cook at temperatures of the peaches at 52.5 degrees F 9 degrees F. Further trayline resumed tage cheese with peaches I on the residents trays and		ومادية أنبي حرايد		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	IPLE CONSTRUCTION		COMPLETED		
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F 802	indicating no sanitized dish machine. Intermember operating to dish machine was to degrees and the san Review of the dish revealed the record degrees F, rinse termed the ppm were resince October 2018 Manager confirmed	ge 30 ter was dispensed into the view with the dietary staff the dish machine revealed the o wash and rinse at 140 nitizer was to be at 300 ppm. machine operation log led wash temperature was 130 mperature was 100 degrees F, not documented 3 times daily it interview with the Dietary I the dietary staff failed to not the wash, rinse and ppm for	F 80	2			
	various observation regarding the expire utensil sanitation, the sanitizer level, the laregarding what the recommendations would food exceeding	Dietary Manager during the s on 12/10/18 and 12/11/18 and ed egg salad, equipment and he dish machine operation and tack of dietary staff knowledge dish machine overe, and the service of the g 41 degrees F, confirmed the tempetently carried out the					
SS=E	4:00 PM in her office enrolled the Dietary correspondence con Nutritive Value/Appe CFR(s): 483.60(d) (1) §483.60(d) Food an Each resident receive \$483.60(d)(1) Food	ear, Palatable/Prefer Temp I)(2)	F 80	4			
	Conserve number ve	aido, havor, and appearance,					

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING			(X3) DATE SURVEY COMPLETED	
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TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	RIATE	DATE	
F 812 SS=F	attractive, and at a stemperature. This REQUIREMENt by: Based on observation dietary department of resident meals, at of Fahrenheit (F) in 1 of the findings include. Observation on 12/1 dietary department of meal trayline was in in the dining room has meal. Observation on the dining the food to the further observation on the peaches was stored on a thin laye was 42.9 degrees Forevealed the trayline cottage cheese with placed on the reside the 200 hall were placart. Interview with the Diethe time of the observation of the peachese with the peach	and drink that is palatable, safe and appetizing IT is not met as evidenced ion and interview, the facility failed to serve cold food, for r less than 41 degrees of 2 meals observed. O/18 at 12:08 PM in the revealed the resident mid-day operation and the residents ad been served the mid-day evealed the dietary cook emperatures on the trayline. revealed the cottage cheese 52.5 degrees F and the milk r of ice in a plastic container. Further observation resumed operation and the peaches and milk were not trays and the trays for aced into the meal delivery. Letary Manager on 12/10/18 at evation confirmed the cottage ches and milk were placed in the for the 200 hall and the tere not served at a safe low 41 degrees F. Store/Prepare/Serve-Sanitary (2)	F 81	The facility will provide each reside with a nourishing, palatable, well-balanced diet that meets his or her do nutritional and special dietary needs taking into consideration the preferences of each resident 1. Dietary personnel will be inserviced on the correct temperature for serving cold and/or hot food. The will be instructed that it is unaccepta serve food that doesn't meet the requirementature standard whether cold of food. Dietary personnel will be period in-serviced throughout the year to entheir understanding of the required for temperature standards. 2. The RD's, dietary manager and NF monitor & document the food temperor for one (1) month with immediate interventions when/if temperatures a found to be outside the accepted food temperature standard. 3. The findings from the food temperor monitoring will be reviewed during the weekly QAPI/IDT meeting with any recommendations noted for one (1). 4. Any recommendations noted during weekly QAPI meeting will be discuss with the RD's, dietary manager and will be reviewed/discussed during the upcoming quarterly QA with interventions as appropriate.	ey able to uired r hot odically isure ood HA will ratures re d	1-18-19	
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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
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	from local producer and local laws or re (ii) This provision do facilities from using gardens, subject to safe growing and fo (iii) This provision do from consuming foo §483.60(i)(2) - Store serve food in according the facility dietary department of the dish machine the facility dietary department of the findings included the sanitary manner; and the findings included the expiration and interest department of the dish machine department of the dish machine according to the findings included the expiration date of the service. Interview with confirmed the egg sadate and needed to be confirmed the egg sad	food items obtained directly s, subject to applicable State gulations. Des not prohibit or prevent produce grown in facility compliance with applicable od-handling practices. Des not preclude residents ds not procured by the facility. De, prepare, distribute and dance with professional ervice safety. This not met as evidenced on, review of the dish prer's recommendation, review operation log, and interview, partment failed to dispose of the maintain equipment in a led to store serving utensils in and failed to operate the dish of the manufacturers 3 of 6 dietary department	F 81.	Our facility will procure food from so approved or considered satisfactory by federal, state or local authorities (i)this may include food items obtained directly from local producers, subject applicable State and local lows or regulations. (ii)this provision does not prohibit or facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food handling practices. (iii) this provision does not preclude residents from consuming foods not procured by the facility. (i)2 Store, prepare, distribute and serve food in accordance with professional standards for food service safety. 1.Dietary staff will be in-serviced on the importance of monitoring the expiration date on food products & on the requirement that all equipment in the kitchen must be kept clean & in good working order including following the dish machine manufacture's recommendations on the wash & rinse temperatures. The convection oven has been replaced with a new oven. 2. The dietary manager, RD's & administrator will monitor the staff's procedures and the cleanliness of the equipment with immediate interventions as needed for one (1) month, then periodically by the RD's throughout the year.	y ed to prevent n e d

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDI	TIPLE CONSTRUCTION		COMPLETED	
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F 812	PM, with the Dietar dietary department equipment on a proplastic. Interview with revealed the plastic considered clean a observation of the dried debris on the observation of the dried debris on the and in the mixing beto be crumbs. Interview with trays but didn't known further observation containing multiple scoops, revealed discontainer. Further convection oven into the doors, had all Interview with the Dietary department.	age 33 y Manager present, in the revealed 2 pieces of oduction counter covered with ith the Dietary Manager covered equipment was not ready to use. Further uncovered slicer revealed blade of the slicer. Further uncovered mixer revealed underside of the beater arm owl. Further observation of the oth crumb trays were full of with the Dietary Manager ad been looking for the crumb w where they were located. In of a plastic container service utensils, including ried debris inside the scoop ried debris in the storage observation revealed the perior, 4 racks, and the interior in accumulation of dried debris. Dietary Manager confirmed the failed to maintain the ring utensils in a sanitary	F8	3.The findings from the rwill be reviewed during the QAPI meeting for 1 month the dietary manager will be that may arise in the dietary to the weekly QAPI meeting. The findings & recommendate the weekly QAPI meeting presented to the next upcompared to the next upcompared to the committee might offer.	e weekly n, thereafter ring any issues ry department ngs. nendations from s will be oming quarterly ommendations	1-18-19
	AM, with the Dietandietary department machine was in operation machine posted marevealed the washaminimum was 120 oparts per million (ppobservation revealed not react to the sandietary department of the sandietary department.)	derview on 12/11/18 at 8:40 y Manager present, in the dishroom revealed the dishroom. Review of the dishroundracturer's recommendation and rinse temperature at a degrees Fahrenheit (F) and 50 cm) Chlorine sanitizer. Further d the sanitizer test strip did itizer indicating no sanitizer the dish machine. Interview			was although files.	
		rager confirmed the dish		ingen :		

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A, BUILDING	LE CONSTRUCTION	COMPLETED	
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	PROVIDER OR SUPPLIER	NT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 649 MCMURRY BLVD HARTSVILLE, TN 37074	
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F 812 F 880 SS=E	machine was not d chemical. Infection Prevention CFR(s): 483.80(a)(§483.80 Infection C The facility must es infection preventior designed to provide comfortable environ	ispensing the sanitizer n & Control 1)(2)(4)(e)(f) Control stablish and maintain an n and control program e a safe, sanitary and nment and to help prevent the ransmission of communicable	F 812	F 880 The facility will establish and maintain an infection prevention & control program designed to provide a safe, sanitary & comfortable environment at to help prevent the development and transmission of communicable disease and infections. Our facility will establish an infection prevention & control program (IPCP) that will include, at a minimum, the following elements: (a)(1)A system for preventing, identifying, reporting, investigating, and	nd s
	§483.80(a) Infection program. The facility must es and control program a minimum, the following for the following for the facility must be a minimum, the following for the facility for the faci	tablish an infection prevention (IPCP) that must include, at owing elements: Item for preventing, identifying, ting, and controlling infections diseases for all residents, sitors, and other individuals upon the facility assessment g to §483.70(e) and following		controlling infections & communicable diseases for all residents, staff, volunter visitors, & other individuals providing services under a contractual arrangement based upon the facility assessment compactoring to 483.70(e) & following according to 483.70(e) &	ent ducted cepted rocedures out are not esigned eases or her whom
	procedures for the p but are not limited to (i) A system of surve possible communical infections before the persons in the facilit (ii) When and to who	eillance designed to identify able diseases or ey can spread to other	d n are	or infections should be reported. (iii) Standard & transmission-based pr to be followed to prevent spread of infections(iv)When & how isolation sh be used for a resident; including but no limited to(A)The type & duration of th isolation, depending upon the infection or organism involved, &(B)A requiren that the isolation should be the least restrictive possible for the resident und the circumstances. (v)The circumstance	nould ot ee n agent nent

STATEMENT AND PLAN C	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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NAME OF I	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
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HARTSVILLE CONVALESCENT CENTER				HARTSVILLE, TN 37074		
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F 880	(iii) Standard and tr to be followed to pr (iv)When and how	ansmission-based precautions event spread of infections; solation should be used for a	F 880	under which the facility must prohibite employees with a communicable disease or infected skin lesions from direct contact with residents or their fif direct contact will transmit the dise and(vi)The hand hygiene procedures	ood,	
	depending upon the involved, and (B) A requirement to least restrictive posicircumstances.	aut not limited to: Fation of the isolation, infectious agent or organism at the isolation should be the sible for the resident under the ces under which the facility		be followed by staff involved in direct resident contact.(a)(4)A system for recording incidents identified under the facility's IPCP & the corrective action taken by the facility.(e) Personnel must handle, store, process, & transpollinens so as to prevent the spread of	it ne ns	
	must prohibit emplo disease or infected contact with resider contact will transmit (vi)The hand hygier	yees with a communicable skin lesions from direct ats or their food, if direct		infection.(f)The facility will conduct a annual review of its IPCP & update their program, as necessary. 1.The nursing staff will be in-serviced on infection prevention protocol relating to the PPE & the proper	I	
	identified under the corrective actions to §483.80(e) Linens.	2	# (A)	cleaning, storage & dating of oxygen/ nebulizer equipment in a sanitary manner. The in-service will include; the correct process for writing & transcribing MD orders regarding oxygen use; Changing out oxygen		
	transport linens so a infection.	adle, store, process, and as to prevent the spread of		tubing, nebulizer tubing, water canister weekly as ordered by the MD complete with the date, time, & initials.		
	IPCP and update th	eview. luct an annual review of its eir program, as necessary. IT is not met as evidenced		2. The DON/designee will monitor this process for one (1) month then will assign a specific person to		
	review, observation	licy review, medical record and interview, the facility		be responsible for the process for the remaining year. 3.The DON will bring her findings to	1	
		ection control due to staff all Protective Equipment		weekly QAPI meeting with any issu		
		an injection for 1 resident	+ and co-	she may have made in the process		
	(#11) of 9 residents	reviewed. The facility failed to		(1)month as well as the person ass	- 1	
	date and maintain o	xygen/nebulizer equipment in 📗		to continue the monitoring process		

CENTERS FOR MEDICARE & MEDICAID SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES			(X3) DATE SURVEY			
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		COMPLETED	
		445256	B. WING		12/	12/2018
NAME OF PROVIDER OR SUPPLIER HARTSVILLE CONVALESCENT CENTER			6	TREET ADDRESS, CITY, STATE, ZIP CODE 49 MCMURRY BLVD IARTSVILLE, TN 37074		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		BE	(X5) COMPLETION DATE
F 880	a sanitary manner f	ge 36 or 5 residents (#30, #35, #43, ents receiving respiratory	F 880	4. The DON's findings will be reviewed by the QA committee during their next upcoming meeting.		1-18-19
	The findings include	э ;				
	Prevention Standar	ed facility policy, Infection ds, revealed "Gloves are to ed between patients"				
	Administration, reve	ed facility policy, Oxygen caled "At regular intervals, ygen equipment, masks,"				
	Hall nurses station i	10/18 at 12:24 PM at the 200 revealed Registered Nurse ed an insulin injection without				
	the 200 Hall nurses to be worn when giv confirmed, "I knev gave him the insulin medicine cart, but h	2 on 12/10/18 at 12:25 PM at station revealed gloves were ring an injection. RN #2 v I was to wear gloves when I , and I have some in my e was so antsy to get to the take the time to get them out				
	at 8:30 AM in her of	irector of Nursing on 12/12/18 fice stated, "The nurses are n giving any injection"				
	admitted to the facilithe hospital on 11/2/facility with diagnose	ew revealed Resident #30 was ity on 10/22/18, discharged to '18, and readmitted to the es include Diastolic ailure and Pneumonia.		er engeligtere		_

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A, BUILD	TIPLE CONSTRUCTION	COMPLETED		
		445256	B. WING		12	/12/2018	
NAME OF PROVIDER OR SUPPLIER HARTSVILLE CONVALESCENT CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 649 MCMURRY BLVD HARTSVILLE, TN 37074			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	(D PREFI) TAG		TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
	Medical record reviewery 6 hours of the physicians orders of "Duoneb INH [rest by inhalation] 3 ml [every 6 hours] PRN [Shortness of Breat Medical record reviewer recapitulation Physicundated by the physicundated by the physicundated "10/22/18 each use per facility "10/22/18" Medical record reviewer Physicians Orders of diagnosis of Pneum LPM [Liters Per Min PRNChange O2 to Saturday 11 [PM] -7 Medical record reviewer and the physicundated by the physicundated on 10/22/18 use per facility proto "Ipratropium-Albut nebulizer tx (3 ml) even facility protocol" initiation in the physicundated on 10/22/18 use per facility protocol" initiatical initiat	ew of the Admission dated 10/22/18 revealed piratory medication treatment milliliters] by inhalation q 6 hr [as needed] SOB/Wheezing h]" ew of the November 2018 cian Orders, signed but sician service, revealed terol [Duoneb] 0.5-3 mg [I-Neb [Nebulizer] Inhale 1 - ery 6 hours as needed" "," and "Clean mask after protocol" initiated ew of the Admission lated 11/6/18 revealed the onia and "O2 [Oxygen] at 2 ute] via NC [Nasal Cannula] ubing and bottle weekly on [AM] shift" ew of the December 2018 cian Orders, signed but sician service, revealed no sprescribed on 11/6/18. aled "Ipratropium-Albuterol leb Inhale 1 vial via nebulizer eded SOB/Wheezing" ;; "Clean mask after each col" initiated 11/6/18; erol 0.5-3 mg/3 1 unit dose very 6 hours" initiated in mask after each use per	F8				

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A BUILDING			COMPLETED	
		445256	B, WING	,		12/	/12/2018
NAME OF PROVIDER OR SUPPLIER HARTSVILLE CONVALESCENT CENTER				649	REET ADDRESS, CITY, STATE, ZIP CODE MCMURRY BLVD ARTSVILLE, TN 37074		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 880	Medication Administrevealed the nebulia administered from review revealed the was not on the MAI Administration Recommendation Recommendation Recommendation Recommendation and the continued observation on 12/8/18. Medical record review MAR revealed the Dadministered, unless documentation of the treatment was documentation on 12/8 Resident #30 was reconcentrator was produced 11/10/18 and 11/24/18. Continued observation and the concentrator was produced 11/10/18 and 11/24/18. Continued observation and the concentrator was produced 11/11/18 at 7:30 the room and the concentrator with the room and the concentration. Interview with Licentration 12/11/18 at 4:30 revealed Resident # on 11/6/18 with a chonthe 11-7 shift. Resident # on the 11-7 shift.	stration Record (MAR) zer treatments were 11/6/18 to 11/30/18. Further to oxygen at 2 LPM via NC PRN R or the Treatment ord (TAR) for November 2018. The word the December 2018 The water canister were changed nebulizer tubing was changed The w	F8	80			

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL A, BUILD	TIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
		445256	B. WING	,	12	/12/2018	
NAME OF PROVIDER OR SUPPLIER HARTSVILLE CONVALESCENT CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 649 MCMURRY BLVD HARTSVILLE, TN 37074			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETION DATE	
	confirmed the water and the tubing was a 12/8/18 as indicated 12/8/18 as indicated Interview with the As (ADON) on 12/11/18 office when asked if orders when he was confirmed he did " water canister were Saturday on the 11-1 oxygen had been dis "No." When asked if physician recapitulated confirmed " they did the oxygen administicated the ADON stated " the resident was received another for as needed another for as needed on the 11-7 shift" Futhere was no oxygen change, or water carried the November 2018 confirmed the N	erview in the resident's room canister was dated 11/10/18 dated 11/24/18 not the din the TAR. sistant Director of Nursing at 4:35 PM in the ADON Resident #30 had oxygen readmitted the ADON at 2 LPM and the tubing and to be changed weekly on shift" When asked if the scontinued the ADON stated the December 2018 tion orders included Oxygen d not" When asked where ration, the tubing, and the ge were to be documented in the TAR" When asked if eiving nebulizer treatments d'every 6 hours and ed" When asked if the mask were to be changed l'every week on Saturday further interview confirmed administration, tubing hister change documented in TAR. Further interview her TAR had no e nebulizer tubing or mask erview in Resident #30's exygen water canister was he tubing was dated erview confirmed the dated 11/24/18. When asked an oxygen water canister otable for a resident with a tory system the ADON	F8	and the coate			
	stated "absolutely n	ot"	100			***	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
	445256		B, WING	_		1:	2/12/2018	
NAME OF F	PROVIDER OR SUPPLIER				FREET ADDRESS, CITY, STATE, ZIP CODE			
HARTSV	ILLE CONVALESCEN	T CENTER			99 MCMURRY BLVD ARTSVILLE, TN 37074			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	EFIX (EACH CORRECTIVE ACTION SHOULD BE			(X5) COMPLETION DATE	
	#30's room revealed water canister and to Medical record revies readmitted to the far diagnoses included Heart Failure and Codisease. Medical record revies December 2018 record revealed the followirs 8/27/18 "Change roon Saturday on 11-7 usedIpratropium-Aampul-neb inhale 1 daily, Clean mask at protocolIpratropium ampul-neb inhale 1 d	I 2/18 at 1:17 PM in Resident to the oxygen concentrator ubing were not dated. Ew revealed Resident #35 was cility on 8/25/18 with Chronic Diastolic Congestive hronic Obstructive Pulmonary Ew of the November and apitulation Physician's Orders ag orders were initiated on hebulizer tubing every week shift, if albuterol [Duoneb] 0.5-3mg/3 vial via nebulizer four times for each use per facility m-Albuterol 0.5-3 mg/3 vial as needed, Clean mask	F 8	80				
	in Resident #35's roo	DON on 12/11/18 at 4:54 PM om confirmed the nebulizer contact with the overbed						
<	admitted to the facilit	w revealed Resident#43 was y on 4/9/12 and readmitted /18 with diagnoses include					a ≥ estat 2.4 t.d.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	IPLE CONSTRUCTION		COMPLETED	
		445256	B. WING_		12	2/12/2018	
NAME OF PROVIDER OR SUPPLIER HARTSVILLE CONVALESCENT CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 649 MCMURRY BLVD HARTSVILLE, TN 37074			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	FACH CORRECTIVE ACTION SHOP	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
F 880	Pneumonia, Malignand Lung, and Chro Disease. Medical record revi Order dated 11/17/ [treatment] inhalatic after each use per i Medical record revi MAR revealed the I 11/17/18 and 11/23/ Observation on 12/ Resident #43 was in nebulizer was store the mask in contact observation reveale tubing were not bag 12/11/18 at 7:49 AN stored on the overb bagged or dated. Interview with the A in Resident #43's ro mask was on the be dated. Medical record revie admitted to the facil the hospital on 10/2 facility on 10/26/18 of Chronic Respiratory Pneumonitis, and C Medical record revie Physician's Telephore	ant Neoplasm of Bronchus onic Obstructive Pulmonary ew of a Physician's Telephone 18 revealed "Duoneb Tx on q 6 hr prnClean mask facility protocol" ew of the November 2018 Duoneb was administered on 18. 10/18 at 10:05 AM revealed in the room in bed, and the don the bedside table with with the nebulizer. Further at the nebulizer mask and ged or dated. Observation on 1 revealed the nebulizer was ed table with the mask not DON on 12/11/18 at 4:52 PM from confirmed the nebulizer edside table not bagged or edside table n	F 88				
	the unsigned 11/201	8 recapitulation Physician's D2 at 2 liters/minute via nasal					

PRINTED: 01/02/2019 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			COMPLETED		
		445256	B. WING			12	/12/2018	
	PROVIDER OR SUPPLIE			649	REET ADDRESS, CITY, STATE, ZIP CODE MCMURRY BLVD RTSVILLE, TN 37074			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE	
F 880	TAG REGULATORY OR LSC IDENTIFYING INFORMATION)		F	380				
is size of	admitted to the fac	view revealed Resident #48 was cility on 10/12/18 with diagnoses Obstructive Pulmonary Disease	/×:##	1: E			NY > W. I.	

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A, BUILDING		COMPLETED	
	445256	B, WING		12/	12/2018
PROVIDER OR SUPPLIER	T CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 649 MCMURRY BLVD HARTSVILLE, TN 37074		
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL	DBE	(X6) COMPLETION DATE
Acute Respiratory Fand Chronic Respiratory Fand Chronic Respiratory of Hypercapnia, Chron Personal History of Medical record reviet dated 9/30/18 reveaused" Medical record reviet dated 10/12/18 reveaused" Medical record reviet dated 10/12/18 reveaused annula continuous Observation and int 12/11/18 at 4:59 PM confirmed the nasal dated. Essential Equipment CFR(s): 483.90(d)(2) Maint and patient care equicondition. This REQUIREMENT by: Based on facility pointerview, the facility store 2 of 3 oxygen station. The findings include Review of an undate Storage, revealed, "stored in the basement of the storage of the storage of the pointerview of the storage of the basement of the basement of the basement of the storage of the basement of the	railure with Hypoxia, Acute atory Failure with hic Pulmonary Edema, and Pneumonia. The Pulmonary Edema, and Pneumonia. The wof the physician's orders aled "Change O2 tubing and in Saturday on 11-7 shift if the wof the physician's orders aled "O2 at 3 LPM via nasally or as needed" The erview with the ADON on a lin Resident #48's room cannula tubing was not the cannula tubing was not th		08		
racks or by chains			2		
	PROVIDER OR SUPPLIER ILLE CONVALESCEN SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE Continued From pa Acute Respiratory F and Chronic Respiratory	DENTIFICATION NUMBER: 445256 PROVIDER OR SUPPLIER ILLE CONVALESCENT CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 43 Acute Respiratory Failure with Hypoxia, Acute and Chronic Respiratory Failure with Hypercapnia, Chronic Pulmonary Edema, and Personal History of Pneumonia. Medical record review of the physician's orders dated 9/30/18 revealed "Change O2 tubing and bottle every week on Saturday on 11-7 shift if used" Medical record review of the physician's orders dated 10/12/18 revealed "O2 at 3 LPM via nasal cannula continuously or as needed" Observation and interview with the ADON on 12/11/18 at 4:59 PM in Resident #48's room confirmed the nasal cannula tubing was not dated. Essential Equipment, Safe Operating Condition CFR(s): 483.90(d)(2) §483.90(d)(2) Maintain all mechanical, electrical, and patient care equipment in safe operating condition. This REQUIREMENT is not met as evidenced by: Based on facility policy review, observation and interview, the facility failed to properly secure and store 2 of 3 oxygen tanks at the 200 Hall nurses	PROVIDER OR SUPPLIER ILLE CONVALESCENT CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 43 Acute Respiratory Failure with Hypoxia, Acute and Chronic Respiratory Failure with Hypercapnia, Chronic Pulmonary Edema, and Personal History of Pneumonia. 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The findings include: Review of an undated facility policy, Oxygen Storage, revealed, "Cylinders for this center are stored in the basement and must be secured in	TILLE CONVALESCENT CENTER ### SUMMARY STATEMENT OF DEFICIENCIES GEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 43 Acute Respiratory Failure with Hypoxia, Acute and Chronic Respiratory Failure with Hypercapnia, Chronic Pulmonary Edema, and Personal History of Pneumonia. Medical record review of the physician's orders dated 9/30/18 revealed "O2 at 3 LPM via nasal cannula continuously or as needed" Medical record review of the physician's orders dated 10/12/18 revealed "O2 at 3 LPM via nasal cannula continuously or as needed" Observation and interview with the ADON on 12/11/18 at 4:59 PM in Resident #48's room confirmed the nasal cannula tubing was not dated. 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CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			NG	COMPLETED 12/12/2018		
445256			B, WING_			*
HARTSVILLE CONV				STREET ADDRESS, CITY, STATE, ZIP CODE 649 MCMURRY BLVD HARTSVILLE, TN 37074 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION	1
1:00 PM a oxygen ta nurses de Interview at 2:50 Pl revealed desk in ca gets emp comes to Interview at 2:58 Pl oxygen ta the reside tanks wer	ion on 12/ and 2:50 F anks sitting esk on 200 with Regis W at the 2 "oxygen ase a resid ty they jus pick it up with the D W in her of nks are ke ents" Whe e stored v They are s	10/18 at 10:00 AM, 12:15 PM, PM, revealed two unsecured g on the floor behind the	F 90	The facility will maintain all mechanical, electrical, & patient care equipment in safe operating condition. 1. Nursing staff will be in-serviced on the safe storage of portable oxygen canisters at the nurses stations 2. The DON/designee will monitor how the oxygen canisters are being stored at the nurses stations for one (1) month, then periodically during the upcoming year. 3. The DON will review her findings during the weekly QAPI meeting for 1 month with any recommendations from the committee discussed. 4. The DON will review her find During the upcoming quarter Committee meeting. The Recommendations from the Committee will be reviewed Implemented as necessary.	ings ly QA	7